

PROVIDER: _____ UNIT/ UTC: _____ DATE: _____

RANK/GRADE: _____ Last 4 of SSN: _____ CATEGORY (circle): CG PHS CIV DOD AUX

REQUEST OF CLINICAL PRIVILEGES (CG-5575B)

DENTIST

REQUIRED PRIMARY CORE PRIVILEGES

DIAGNOSIS AND TREATMENT: All dental officers will have the following core clinical privileges:

Dental examination	Amalgam and resin restorations	Biopsy	Replantation of avulsed tooth
Treatment planning	Removable partial dentures	Alveoplasty	Stabilization of subluxated tooth
Dental radiographs	Removable complete dentures	Incision and drainage	Vital pulp therapy
Diagnostic casts	Overdentures	Treatment of simple traumatic wound	Postmortem ID
Diagnostic tests	Immediate dentures	Bleaching of vital/non-vital teeth	Oral sedation
Dental local anesthesia	Cast restorations	Athletic mouthguards	Repair and rebase removable dentures
Non-surgical root canal therapy	Ceramic/polymer restorations	Occlusal treatment appliances	Occlusal sealants
Scaling and root planing	Resin retained fixed partial dentures	Occlusal adjustment	Provisional splint
Gingivectomy/gingivoplasty	Cast custom posts and cores	Localized osteitis	Hawley retainers
Gingival flap	Tooth removal, simple	Preventive resin restorations	Space maintainers

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CLINICAL PRIVILEGES – DENTIST (continued)

SUPPLEMENTAL PRIVILEGES

* <u>SUPPLEMENTAL PRIVILEGES</u> (Original Initials Required)	DO Requesting	SDO Recommendation <u>Approval</u> <u>Disapproval</u>	MLC Recommendation <u>Approval</u> <u>Disapproval</u>	WK Action <u>Approved</u> <u>Disapproved</u>
Limited Orthodontics				
Transitional dentition				
Adult dentition				
Interceptive Orthodontics				
Active ortho appliances				
Molar uprighting				
Impaction, soft tissue				
Impaction, partial bony				
Impaction, complete bony				
Tooth removal, complicated				
Implant restoration(s)				
Implant maintenance				
Guided tissue regeneration				
Free soft tissue graft				
Subepithelial connective tissue graft				
Closed reduction of jaw dislocation				
Surgical root canal treatment				
Mucogingival surgery				
Osteoplasty/Ostectomy				
Bone replacement graft				
Others: _____				

[] Check box if NO additional privileges required				

** Dental officers requesting supplemental clinical privileges will be required to submit additional documentation on training and education.*

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CLINICAL PRIVILEGES – DENTIST (continued)

SENIOR DENTAL OFFICER'S ADDITIONAL RECOMMENDATIONS/RESTRICTIONS:

REVIEW AND SIGNATURES

DENTAL OFFICER REQUESTING
PRIVILEGES: _____ DATE: _____

SUPERVISING DENTIST: _____ DATE: _____

CHIEF, HEALTH SERVICES DIVISION: _____ DATE: _____

MAINTENANCE AND LOGISTICS COMMAND (K) : _____ DATE: _____
COMMENTS: _____

CHAIRPERSON, PROFESSIONAL REVIEW COMMITTEE

SIGNATURE: _____ DATE: _____

DIRECTOR OF HEALTH AND SAFETY

SIGNATURE: _____ DATE: _____